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## APPLICANTS

Joyce J. Evans, Chestertown, MD;

 Phillip H. Klesius, Auburn, AL;  
 Craig A. Shoemaker, Notasulga, AL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MD | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                        |                       |                            |

## ADDRESS

25712  
 USDA-ARS-OFFICE OF TECHNOLOGY TRANSFER  
 NATIONAL CTR FOR AGRICULTURAL UTILIZATION RESEARCH  
 1815 N. UNIVERSITY STREET  
 PEORIA, IL  
 61604

## TITLE

Streptococcus agalactiae vaccine

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|-----------------------------------|---|---|
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